

Long-Term-Care-Coordinating Council

2001 Annual Report

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A Message From the Chairman, Lieutenant Governor Charles J. Fogarty

I am pleased to present the 2001 Annual Report of the Long-Term-Care-Coordinating Council. The report contains the Council's recommendations for 2002 as detailed in our proposed Work Plan for 2002. The recommendations are based on our ongoing work to implement the Council's **Long-Term-Care Plan for Rhode Island: *Working Together to Make the Pieces Fit*** published in 1994.

The report also notes the Council's work and accomplishments for 2001. Of particular importance this past year were our efforts to address the crisis in recruiting and retaining CNAs to work in long-term-care settings, especially nursing homes. We brought the message about this crisis and the need to provide for a direct-care staff compensation increase to the public's attention through press conferences, opinion pieces, the hosting of a public hearing, testimony before the House and Senate Finance Committees and letters to the Governor and legislators. In the end, our efforts and the efforts of numerous other advocates resulted in Budget Article 13 which provided \$10 million to increase direct-care staffing or compensation across a variety of long-term care and human service sectors. Although not as much as we had hoped for, this represented a major step forward to address the problem.

In 2001, the Council continued to support the expansion of RIPAE resulting in the enactment of legislation adding drugs to treat osteoporosis along with a catastrophic component. The Council also advocated expanding affordable assisted living through expansion of the Medicaid assisted living waiver program.

As we begin 2002, the state faces fiscal constraints that challenge policymakers and preclude major program expansions. It is important to note, however, that state-funded, long-term-care spending has increased only modestly over the past few years as we have sought to expand access to a greater array of home-and community-based care and family support services. Thus, our work to build a balanced, long-term-care system that subsidizes care across the entire long-term-care continuum and that aligns our limited resources accordingly is more important than ever.

I extend my appreciation and thanks to my colleagues on the Council for their efforts to bring access to quality, affordable and accessible long-term care to all Rhode Islanders.

BACKGROUND OF THE LONG-TERM-CARE-COORDINATING COUNCIL

The RI Long-Term-Care-Coordinating Council was established in 1987 by legislation proposed by former Lt. Gov. Richard A. Licht. Its purpose is to bring together leaders from the private and public sectors with the task of coordinating and setting the state's long-term care agenda. The thirty-seven-member council includes elected officials, consumers, state agency directors, advocates, and providers of long-term care.

CHAIRPERSONS OF THE COUNCIL

1987-1988: Lieutenant Governor Richard A. Licht

1989-1992: State Representative Neil A. Corkery (of Warwick)

1993-1996: Lieutenant Governor Robert A. Weygand

1996-present: Lieutenant Governor Charles J. Fogarty

LONG-TERM-CARE-COORDINATING COUNCIL MEMBERSHIP

(Memberships as of December 31, 2001*)

Ex-Officio Members

Name	Representing
Carlo Gamba	Advisory Commission on Aging
Wayne Farrington	Department of Health
Edward S. Inman III	Secretary of State
Bruce Todisco	Attorney General
A. Kathryn Power, Director	Director of Mental Health, Retardation and Hospitals
Jane Hayward, Director	Department of Human Services
Barbara Rayner, Director	Department of Elderly Affairs
Roberta Hawkins	Alliance for Better Nursing Home Care
Charles J. Fogarty	Lieutenant Governor
Kathleen McNamee	Senior Center Director's Association
Elizabeth Morancy	Exec. Director, Alzheimer's Association

The Governor's Appointments

Name	Representing
Alfred Santos	Provider, other than nursing home owner
Robert Henry	Provider of Residential Care

Robert DiCenso	Public Member
Maria Barros, RN	Registered Nurse

The Lieutenant Governor's Appointments

Name	Representing
Sheila Cabral Sousa	Not-for-profit Nursing Home
Ed Zesk	General Public
Dr. Robert Westlake	Psychiatrist
Patrick Quinn	Non-managerial Nursing Home Employee
Bonnie Sekeres	Senior Housing
Neil Corkery, Vice Chairman	General Public

The Speaker's Appointments

Name	Representing
Anna Tucker	General Public
Rev. E. Naomi Craig, Sec.	General Public
Angelo Rotella	Nursing Home Owner
Mary Benway	For-profit Home Health Agency
Beverly McGuire	Non-profit Home Health Agency

Rick Ryan	Adult Day Care Center
Rep. Peter Ginaitt	House of Representatives
Rep. Bruce Long	

The Senate Majority Leader's Appointments

Sen. Elizabeth Roberts	State Senate
Sen. June Gibbs	
Anna Prior	General Public
Elizabeth Earls	Community Mental Health Association
Kayla Doherty	Home/Community Care Consumer: Mental Health
Dr. Herbert Constantine	Physician

* Council members serve until re-appointed or until a new member is appointed

Section 1. Recommendations for 2002 (Based on Long-Term-Care Coordinating Council Work Plan for 2002 (draft))

GOAL STATEMENT

The Long-Term-Care-Coordinating Council reaffirms and will continue to work to achieve the following system goals as stated in **The Long Term Care Plan for Rhode Island 1995-2000, *Working Together: to Make the Pieces Fit.***

1. Life with maximal independence and dignity for all older Rhode Islanders who have limitations as a result of chronic conditions and younger adults who have similar limitations and who utilize the same service network and supports.
2. A flexible, responsive, and affordable state long-term care service network; and
3. A high quality long-term care service system that can demonstrate cost effective results.

In 2002, the LTCCC will work in the following areas to continue to make progress in achieving these goals. It will coordinate its work with that of the Executive/Legislative Long-Term-Care Reform Work Group.

Area 1. Information – Referral – Assistance

- **Action 1.1.**

Enhance public education and access to long-term care information by creation of a computerized long-term-care information base with public, consumer-friendly web access.

- **Action 1.2.**

Support continued development of a community-based long-term care entry system, which includes a process to credential agencies providing enhanced Information&Referral/Assistance based on the CARRE CENTER I standards and criteria approved in 2001. Standards should address access issues related to geography and response times.

Area 2. Mental Health Intervention Services

- **Action 2.1.**

Obtain data on unmet mental health needs of community-living persons using long-term care services especially those in assisted living using the state enhanced SSI program and develop a plan to meet those needs.

Area 3. Long-Term Care Financing

- **Action 3.1**

. Prepare LTC Budget Report for FY2001.

- **Action 3.2.**

Support additional state budget funding to increase assisted living waiver slots by 180 units.

- **Action 3.3.**

Study Medicaid options that will lead to more flexibility and consumer choice in selecting appropriate long-term care and services.

- **Action 3.4.**

Study feasibility of using an acuity-based reimbursement method for long-term care/services.

- **Action 3.5.**

Continue to promote development of "housing with services" model(s) to allow persons to remain in home and community environments using RI Housing Resources Commission needs assessment report (due in February 2002) as foundation for planning.

- **Action 3.6.**

Continue to examine the role of long-term care insurance in financing long-term care through LTCCC Work Group on LTC Insurance.

- **Action 3.7.**

Continue to advocate for federal reform to increase Medicare funding for long-term care services and to mitigate effects of Balanced Budget Act of 1997 on long-term care providers.

- **Action 3.8.**

Advocate to maintain and expand, as appropriate, the state Pharmaceutical Assistance Program for the Elderly by supporting efforts to increase rebates and other cost-saving measures.

Area 4. Service Delivery and Care Coordination

- **Action 4.1**
Support efforts to create new models of LTC care coordination using best practices and using community-based agencies for care coordination and management.
- **Action 4.2.**
Strengthen Community-based Case Management Network by adopting credential process using DEA Case Management Standards and to include standards developed and approved in 2001 for CARRE Center IIs.
- **Action 4.3.**
Departments of Elderly Affairs and Human Services to adopt use of uniform community long-term care assessment format and case management and placement protocols.
- **Action 4.4.**
Continue efforts of Assisted Living Work Group to recommend licensing/regulatory changes to clarify appropriate role of assisted living in long-term care service system and increased capacity of HEALTH to monitor and inspect this industry sector.

Area 5. Long-Term-Care Information System

- **Action 5.1**
Support planning for and development of a long-term care information system which will serve as an interdepartmental data warehouse for state long-term care programs.

Area 6. Quality Improvement and Reporting

- **Action 6.1.**
DOH to begin to implement 1998 Health Care Quality Measurement and Reporting Law as it relates to long-term care facilities and services through CMS demonstration project on quality reporting for nursing facilities.
- **Action 6.2.**
DOH to begin to plan for implementation of the Health Care Quality Measurement and Reporting Law as it relates to home nursing care and home care providers.
- **Action 6.3.**
Strengthen HEALTHs capacity to monitor and oversee assisted living
- **Action 6.**
4. Promote capacity of long-term care ombudsman program to promote quality and protect consumer rights.

Area 7. Workforce Issues

- **Action 7.1.**
Continue to monitor status of Article 13 of FY2002 budget for its impact on CNA recruitment and retention.
- **Action 7.2.**
Explore opportunities to fund demonstrations on workforce reorganization projects that increase long-term care worker job satisfaction and job performance.
- **Action 7.3.**
Examine impact of registered nurse shortage on long-term care industry and support efforts to increase supply of RNs as appropriate.

Area 8. Chronic Disease and Disability Prevention

• Action 8.1.

Identify a research-based disability preventive activity, such as fall prevention, that could be implemented through a statewide collaborative of health/aging service providers and design a plan to create the collaborative.

Section 2. 2001 LONG-TERM-CARE-COORDINATING COUNCIL REPORT

The Long-Term-Care-Coordinating Council works in four major arenas to accomplish its mission: (1) the development and support of legislation; (2) advocacy; (3) public information and education; and (4) planning, research and policy development. During 2001 the full Council held eight meetings on the following dates. Four of the meetings were held at long-term care facilities or senior centers in geographically disperse areas of the state including Bristol (Veterans Home and Franklin Court), North Smithfield (the Villa at St. Antoine's) and the South Kingston Senior Center. This gives Council members an opportunity to visit and observe a variety of service settings and members of the public an opportunity to interact with the Council in community locations.

January 3	May 10
February 7	June 6
	September 5
March 7	
April 2	November 7

Copies of all Council meetings are maintained in the office of the Lieutenant Governor. A summary of the Council's 2001 activities in each of the four major areas of its work follows. Recommendations for action in 2002 are contained in Section 1.

I. LEGISLATION.

The following is a list of bills, with brief descriptions and final status, introduced in the 2001 legislature recommended or supported by the Long-Term-Care Coordinating Council. The full text of all bills can be found at the Council's homepage on the Lt. Governor's website at www.ltgov.state.ri.us or the RI General Assembly website at www.rilin.state.ri.us/gen_assembly.

S 0378 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT

--ELIGIBLE DRUGS- This act would expand the list of eligible drugs under the Pharmaceutical Assistance to the Elderly Program. (RIPAE Open Formula) Introduced By: Senators Irons, Garabedian, Caprio, Fogarty, Roberts – Final Status: Held for Study

H 5527 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT

--ELIGIBLE DRUGS - This act would expand the list of eligible drugs under the Pharmaceutical Assistance to the Elderly Program. (RIPAE Open Formula) Introduced By:

Representatives Ginaitt, Thompson, Gallison, Anguilla and Long - Final Status: Sub A passed as P.L. Chapter 137 adding drugs to treat osteoporosis to RIPAE which was also incorporated into FY2002 Budget (H6100 SubA - P.L. Chapter 77) as Article 26

S 0380 RELATING TO STATE AFFAIRS AND GOVERNMENT -- PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT - This act would require the state to pay one hundred percent (100%) of prescription drug costs for an eligible consumer who has paid one thousand five hundred dollars (\$1,500) or more in co-payments within a benefit year. (RIPAE Catastrophic) Introduced By: Senators Roberts, Irons, Fogarty, Connors and Algieri - Final Status: Incorporated into FY2002 Budget (H6100 SubA - P.L. Chapter 77) as Article 26

H 5529 RELATING TO STATE AFFAIRS AND GOVERNMENT -- PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT - This act would require the state to pay one hundred percent (100%) of prescription drug costs for an eligible consumer who has paid one thousand five hundred dollars (\$1,500) or more in co-payments within a benefit year. (RIPAE Catastrophic) Introduced By: Representatives Ginaitt, Rabideau, S. Anderson, Anguilla and Long - Final Status: Passed as P.L. Chapter 138; also incorporated into FY2002 Budget (H6100 SubA - P.L. Chapter 77) as Article 26

S 0379 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY - This act would include R I residents who are at least fifty-five (55) years of age and receive social security disability benefits as those eligible to receive benefits under the pharmaceutical assistance to the elderly program. (RIPAE Disabled). Introduced By: Senators Cicilline, Irons, Algieri, Coderre and Izzo - Final Status: Held for Study

H 5526 RELATING TO PHARMACEUTICAL ASSISTANCE TO THE ELDERLY - This act would include R I residents who are at least fifty-five (55) years of age and receive social security disability benefits as those eligible to receive benefits under the pharmaceutical assistance to the elderly program. (RIPAE Disabled) Introduced By: Representatives Ginaitt, Anguilla and Dennigan - Final Status: Held for Study

S 0221 RELATING TO TAXATION -- PERSONAL INCOME TAX - This act would provide for long-term care insurance tax credit. (Long-Term Care Tax Credit) Introduced By: Senators Hunter, Cote, Roberts, Gibbs and Tassoni - Final Status: Held for Study

H 5530 RELATING TO TAXATION -- PERSONAL INCOME TAX - This act would provide for long-term care insurance tax credit. (Long-Term Care Tax Credit) Introduced By: Representatives Ginaitt, S. Anderson, Long and Dennigan - Final Status: Held for Study

S 0609 RELATING TO LONG-TERM CARE PROVIDER - COST-OF-LIVING ADJUSTMENTS - This act would provide annual cost-of-living adjustments for long-term care providers. (Long-Term Care Provider COLA) Introduced By: Senators Connors, Roberts and Gibbs - Final Status: Some provisions of bill incorporated into Article 13 of FY2002 Budget (H6100 Sub A - P.L. Chapter 77)

H 5525 RELATING TO LONG-TERM CARE PROVIDER - COST-OF-LIVING ADJUSTMENTS - This act would provide annual cost-of-living adjustments for long-term

care providers. (Long- Term Care Provider COLA). Introduced By: Representatives Ginaitt, Rabideau, S. Anderson, Long and Dennigan - Final Status: Some provisions of bill incorporated into Article 13 of FY2002 Budget (H6100 Sub A - P.L. Chapter 77)

S 0664 RELATING TO HEALTH AND SAFETY -- HOME CARE PATIENT RIGHTS - This act would provide home care patients/clients with the right to be advised in writing of the names, addresses, and telephone numbers of the state ombudsperson, all pertinent home care advocacy groups, and the state licensing agency. (Ombudsman Homecare Bill of Rights) Introduced By: Senators Fogarty, Gibbs and Roberts – Final Status: Passed as P.L. Chapter 236

H 5900 RELATING TO HEALTH AND SAFETY -- HOME CARE PATIENT RIGHTS - This act would provide home care patients/clients with the right to be advised in writing of the names, addresses, and telephone numbers of the state ombudsperson, all pertinent home care advocacy groups, and the state licensing agency. (Ombudsman Homecare Bill of Rights) Introduced By: Representatives Ginaitt, S. Anderson, Long and Dennigan - Final Status: Passed as P.L. Chapter 381

S 0377 RELATING TO ASSISTED LIVING WAIVER - This act would encourage the creation of licensed assisted living residents for an additional one hundred eighty (180) persons, including fifty (50) person's with Alzheimer's disease or dementia. (Assisted Living Wavier Expansion) Introduced By: Senators Gibbs, Roberts, Graziano and DaPonte - Final Status: Held for Study

H 5531 RELATING TO ASSISTED LIVING WAIVER - This act would encourage the creation of licensed assisted living residents for an additional one hundred eighty (180) persons, including fifty (50) person's with Alzheimer's disease or dementia. (Assisted Living Wavier Expansion) Introduced By: Representatives Ginaitt, S. Anderson, Long and Dennigan - Final Status: Amended and passed as P.L. Chapter 262

S 0788 RELATING TO THE LICENSING OF HEALTH CARE FACILITIES - This act exempts nonprofit hospice programs with a current home nursing care provider license from license fees. (Nursing Care/Hospice License Fee) Introduced By: Senators Coderre, Enos and Roberts - Final Status: Amended and passed as P.L. Chapter 224

H 5497 RELATING TO THE LICENSING OF HEALTH CARE FACILITIES - This act exempts nonprofit hospice programs with a current home nursing care provider license from license fees. (Nursing Care/Hospice License Fee) Introduced By: Representatives Ginaitt, Long and Dennigan - Final Status: Held for Study

S 0613 RELATING TO HUMAN SERVICES - RATES OF PAYMENT TO NURSING FACILITIES-This act would add an interim per diem increase to each nursing facility's Medicaid per diem rate. (Nursing Home Compensation Pass-Through) Introduced By: Senators Alves, Issa, Hunter, Gallo, Kells - Final Status: Held for Study - Some provisions incorporated into Article 13 of FY02 Budget (H6100 Sub A/ Chapter 77)

H 5571 RELATING TO HUMAN SERVICES - RATES OF PAYMENT TO NURSING FACILITIES - This act would add an interim per diem increase to each nursing facility's

Medicaid per diem rate. (Nursing Home Compensation Pass-Through) Introduced By: Representatives Costantino and Fox - Final Status: Held for Study - Some provisions of bill incorporated into Article 13 of FY2002 Budget (H6100 Sub A - Chapter 77)

II. ADVOCACY

State Budget for FY 2002. The Council's Work Plan for 2001 contained several funding items relating to long-term care including: \$14 million for a compensation pass through for nursing home direct-care staff, \$1.7 million for increased compensation for home care workers, increased funding for the assisted living waiver program, provider cost-of-living adjustments and funds to enhance the community-based long-term care access system. (See Section 2). The Executive Director testified in support of these funding recommendations before both House and Senate Finance Committees on Human Services as they considered the FY2002 budget proposal.

CNA Crisis. To focus attention on the crisis faced by long-term care providers, especially nursing homes, in recruiting and retaining CNAs, the Council sponsored several media events. These included a public hearing attended by about 200 persons including direct-care staff, providers, and family members at the HEALTH auditorium on April 2nd and a press conference on April 9th hosted by Lt. Gov. Fogarty and Congressman Patrick Kennedy. In addition, Lt. Gov. Fogarty submitted and had published a guest commentary on the issue in several local newspapers.

Family Caregiver Support. In June, Lt. Gov. Fogarty and Executive Director Maigret participated in a public hearing held by the Department of Elderly Affairs to hear from family caregivers about their concerns and needs for support.

Advocating for Persons with Disabilities. To provide an opportunity for the public to identify the concerns and needs of people with disabilities, in August the Council joined with many other advocacy and/or provider agencies in co-sponsoring a series of five public hearings organized by the Governor's Commission on Disabilities. The data collected from these hearings will help advocates to set an advocacy agenda for the next several years and to inform policy makers about the unmet needs of persons with disabilities.

III. PUBLIC INFORMATION AND EDUCATION

Web Site. The Council continued to maintain its home page accessed through Lt. Gov. Fogarty's web site found at: www.ltgov.state.ri.us. A new feature listing basic information on Rhode Island long-term care providers was initiated.

Newsletter. In July, the Council published an edition of its newsletter, ***Rhode Island Long-Term-Care Briefs***, reporting on legislative actions and program activity dealing with long-term care and other related matters. The newsletter is distributed to about 2500 individuals and/or agencies.

Long-Term-Care Insurance Guide. In January the Council published "A Guide to Long-Term Care Insurance". The purpose of the Guide is to help consumers make

decisions about long-term-care insurance products by providing them with pertinent information about various aspects of long-term-care insurance. The Guide was distributed to senior centers and libraries across the state and downloaded on the Council's website.

Presentations/Conferences.

Future Directions for Long-Term Care: A Public Policy Conference –

With the support of a \$5,000 grant from the Rhode Island Foundation, the Council sponsored a Forum, ***Future Directions in Long-Term Care: The Issues and the Challenges***, on December 13th. Featuring Robyn Stone, DrPH, Executive Director of the Institute for the Future of Aging Services, as the keynote speaker the half-day Forum was attended by about 170 persons. The Forum also included presentations on the following topics by an expert panel.

RI Demographics: Challenges and Opportunities, Terrie Fox Wetle, PhD, Associate Dean for Public Health and Policy Brown Medical School

The changing demographics of Rhode Island and the demographics and health status of older Rhode Islanders present challenges for policymakers. Dr. Wetle will discuss how these changes impact trends in disability rates, current providers of long-term care and the potential future need for long-term care.

Care Integration: The Vision and Reality, Mark R. Meiners, PhD, Director, RWJF Medicare/Medicaid Integration Program

Care for dually eligible beneficiaries are fragmented and expensive and represent large and growing expenditures for Medicare and Medicaid programs. Dr. Meiners will discuss several states' efforts to launch waiver demonstration projects for the dually eligible to improve care and cost effectiveness.

Assisted Living at the Crossroads, Robert Mollica, EdD, Senior Program Manager National Academy for State Health Policy

Assisted Living has seen an explosive growth in the last few years. Dr. Mollica will review how states across the country are dealing with regulatory and funding issues posed by this new sector.

Quality Measurement in Long-Term Care: The State of the Art, David Gifford, MD, MPH, Principal Clinical Coordinator, RI Quality Partners

The federal government and several state governments, including Rhode Island, are in the process of developing tools to measure quality in the long-term-care service setting. Dr. Gifford will report on

the status of these projects and on plans underway to report this information to the public.

Harvard University School of Government's Regional Health Care Conference - In May, Executive Director Maigret made a presentation on Rhode Island long-term care and the activities of the Council at the Harvard University School of Government's Regional Health Care Conference in Cambridge.

NASW Aging Committee - Ms. Maigret also met with this group in May to discuss assisted living legislation and other long-term care issues.

DEA Domestic Violence and Older Adults Conference: Future Directions in Policy and Legislation – In June, Lt. Gov. Fogarty served as a panelist at this conference.

IV. PLANNING, RESEARCH AND POLICY DEVELOPMENT

2001 Work Plan. In March, the Council approved its Work Plan for 2001. See Section 2 for a status report on the work plan.

Work Group on Residential Care and Assisted Living. Following successful enactment of revisions to the Assisted Living licensing statute developed by the Work Group in 2000, the Work Group was reactivated in 2001 to conduct an intensive review of the definition of assisted living and to look at issues relating to admission and discharge, staff requirements and the need for specialized assisted living. The Work Group continues to meet and will make recommendations for further legislative changes to present to the 2002 general assembly.

Long-Term-Care Budget. In January, the Council published the 4th edition of **Rhode Island Long-Term-Care Spending: Where Do the \$\$\$\$ Go?** This report provides data on state long-term care expenditures across four departments of state government. The report also includes data on service and program utilization collated on a cross-departmental basis. This provides policy makers with valuable information in both the spending and service categories needed to make sound decisions.

"Shared Vision"/"Living Rite" Project. As an outgrowth to long-term care planning legislation supported by the Council in 1997 (P.L. 97-194 and P.L. 97-359), in 1998 a report prepared collaboratively by the Departments of Elderly Affairs, Health, Human Services and Mental Health Retardation and Hospitals titled **"Toward a Shared Vision; Creating a Seamless Long-Term Care System for Rhode Island"** was issued. Subsequently, the Department of Human Services brought together provider groups, consumers, advocates and state agency staff to build further consensus for reform. This process referred to as "the Shared Vision project" led to the development of a plan called "Living Rite" which would create community-based centers –CARRE CENTERS -- for enhanced information/referral services and care coordination and integration. Council members Rick Ryan and Ann Gardella serve as two of the three Living Rite implementation

leaders. As appropriate, the Council coordinates its activities with those of the Living Rlte project. In 2001, Council Executive Director Maureen Maigret facilitated a committee that developed standards for CARRE CENTER Is, which are enhanced information/referral and assistance centers. Another committee developed standards for CARRE CENTER Iis, which are envisioned as enhanced case management/care coordination service programs.

Quality Measurement and Reporting. In 2001, HEALTH established a Nursing Home Measures Committee to assist in developing measures to implement the "Health Care Quality Program" that requires HEALTH to implement a quality performance measurement and reporting program for all licensed health care facilities. The Council's Executive Director and several Council members serve on this Committee. In December the Centers for Medicare and Medicaid Services announced that RI was among six states selected for inclusion in a demonstration project to report on nursing home quality. As part of this demonstration, eleven quality measures will be reported on and made available to the public in April 2002. Rhode Island's participation in the federal demonstration will greatly expedite implementation of the quality reporting law as it relates to nursing home clinical quality.

In January the Council invited Marcia Petrillo, CEO of Qualidigm and RI Quality Partners to present findings on the ranking of Rhode Island Medicare beneficiaries from her organization's report on selected quality indicators. This data is being used by hospitals and other entities to develop quality improvement initiatives for Medicare consumers.

CNA Study Group. The CNA Study Group formed in October of 2000 issued its report in March of 2001 in which it made a ten-step set of recommendations to address the CNA crisis. The full report can be found on the Council's website. A list of the Study Group's recommendations follows.

Recommendations

1. Improve CNA compensation (wages and benefits) by adopting the following:

1.1. A nursing home direct care compensation pass-through of at least \$30 million (state and federal) with accountability measures as proposed by the Direct Care Task Force with allocation mechanisms to be determined by the effected parties. The new funding will be used to the extent permissible by law for direct care staff.

Cost Estimate: \$14.1 million (state)

1.2. A home care provider rate increase of \$3 per hour with accountability measures to be determined by the affected parties. The Study Group suggests that of the \$3 per hour rate increase, 87% (\$2.61) be provided as a compensation pass through to CNAs (home health aides) and 13% (\$.69) be retained by the provider agency to pay for the increased payroll taxes and workers' compensation insurance costs associated with the increase. Cost

estimate: \$1,690,000 (state)

1.3. Adequately fund all other providers that employ CNAs through establishment of COLAs as recommended in legislation requested by the Long-Term-Care Coordinating Council to institute a mandated five percent COLA for all long-term care providers except nursing homes (which already have a mandated COLA) for FY2002. Thereafter, the COLA will be based on an index to be determined by the purchasing departments in consultation with provider representatives.

1.4. All long-term care providers who participate in state-funded programs shall collect and report annually on turnover and vacancy rates for direct care staff in accordance with reporting provisions developed by the state contracting/purchasing entity.

2. Provide an ongoing source of funding for CNA training and retraining to ensure an adequate pool of qualified nursing assistants to care for Rhode Islanders with chronic care needs across the long term care service system.

2.1. Implement the CCRI CNA Workforce Development initiative. This will include four components: training, re-engagement of inactive nursing assistants, re-training and testing. Training will take place both at on-campus and off-campus locations such as nursing homes and home care agencies. This program is not intended to displace those non-proprietary programs that offer intense specialized support services and training to students funded by state agencies. (An outline of the CCRI CNA Workforce Development initiative proposal is found on page 17.)

Cost estimate: \$208,000

1. Establish pilot or demonstration workforce redesign program(s) specifically targeted to enhancing employee satisfaction and CNA retention. These demonstration programs could be used as "best practices" for replication by other long-term care providers. Potential funding sources include Civil Monetary Penalty (CMP) funds, grant funds from Human Resources Investment Council, and other grant sources.
2. Develop standards for CNA career ladders and explore college credit for training.
3. Develop tuition assistance program for CNA training for low-income persons not eligible under Family Independence program (Note: this is part of the funding recommended in #4 above).
4. Explore ways to facilitate training and certification for persons whose primary language is not English.
5. Develop a Database on both quantitative and qualitative CNA employment issues using HEALTHs biennial certification/registration process.
6. The Long Term Care Coordinating Council working in collaboration with appropriate state agencies shall provide technical

assistance in disseminating best practices to providers on CNA workforce development issues.

7. The Department of Human Services should encourage child care providers – through the use of incentives and other mechanisms
 - to collaborate with long-term care providers to address gaps in the child care delivery system that serve as barriers to CNA employment.
8. Support the GACH recommendation calling on the state to establish a strategy for predicting current and future health care workforce needs and identifying methods to meet those needs.

Long-Term-Care Insurance Work Group. In 2001 the Council established a Long-Term-Care Insurance Work Group chaired by Council member Sheila Sousa. The Work Group will make recommendations to the full Council in 2002.

Section 3.

The Council adopted an official Work Plan for 2001 at its January 2001 meeting and revised it in March 2001. A status report on this Work Plan follows.

LTCCC WORK PLAN 2001 – STATUS REPORT

WORK PLAN 2001 – "End-of-Year" Progress Report

Area 1. Information – Referral – Assistance

- **Action 1.1.**
Support Continued Development of Community-based Long-Term Care Entry System via Elder-Disabled Information/Referral/Assistance Network

Funding Needed - \$225,000 (state)

Status: LTCCC Executive Director facilitated Work Team that developed standards for CARRE I Centers (defined as enhanced Information and Referral Entities). Standards approved by LIVING RITE Advisory Group.

Area 2. Mental Health Intervention Services

- **Action 2.1.**
Support funding to meet unmet service needs of community living elders and disabled.

Funding Needed - \$800,000

Status: No funding obtained in FY2002 budget

Area 3. Long Term Care Financing

- **Action 3.1**

- . Prepare LTC Budget Report for FY2000 –

Status: Report published in January 2001

- **Section 3.2.**

- Support supplementary budget appropriation to provide "compensation pass-through" for nursing home direct care staff and home care workers.

Funding Needed: \$14 million (state share) for nursing homes -- \$1.7 million for home care providers

Status: Article 13 of FY2002 Budget included \$10 million for special rate adjustment to be used for direct care staff compensation increase or to increase direct care staff for long-term care and human service providers. These adjustments were implemented on a go-forward basis by October 2001 and retroactive payments were also made back to July 1.

- **Action 3.3.**

- Support legislation to require COLA's for long-term care providers.

Funding Needed: \$412,519 (includes ALR SSI/waivers, adult day services, case management-excludes home care and nursing homes which were included in Action 3.2.)

Status:

1. Legislation introduced (H5525 by Rep. Ginaitt and S609 by Sen. Connors) to provide for COLA for home and community-based long-term care providers.

2. Article 13 of FY2002 Budget included \$10 million for special rate adjustment to be used for direct care staff compensation increase or to increase direct care staff for long-term care and human service providers. These adjustments were implemented on a go-forward basis by October 2001 and retroactive payments were also made back to July 1.

- **Action 3.4.**

- Recommend further state funding to increase access to subsidized assisted living for low-income persons via additional MA waiver slots.

Funding Needed: \$1,500,000 - \$2,000,000 for 180 persons

Status: Legislation passed (Public Law #262 by Rep. Ginaitt) directing DHS to amend waiver to add 180 units

of assisted living— no additional funding provided.
 DHS to submit waiver request for additional units to be
 effective as funding becomes available.

◦ **Action 3.5.**

Study feasibility of offering selected HCB waiver services as state plan services.

Status: LTCCC Assisted Living Work Group has requested
 that DHS review options in the area of personal
 care services provided in assisted living residences.

◦ **Action 3.6**

. Explore changes to MA state plan regarding monthly maintenance needs of
 persons on community waiver.

Status: Request DHS explore options to accomplish this
 under 1902r provisions.

◦ **Action 3.7.**

Continue to promote development of "housing with services" models to allow
 persons to remain in home and community environments.

Status:

1. RI Housing Resources Commission funding "needs
 assessment" for supportive housing – Funding
 provided by DEA, DHS, and MHRH for study and consultant hired. Report due date: end of
 February 2002.

2. Assisted Living Work Group is studying and will
 recommend changes to assisted living licensing law
 and/or government reimbursement policies.

◦ **Action 3.8.**

Continue to promote long term care insurance by: 1) supporting long -term care
 insurance tax credit legislation

and 2) creating LTCCC Work Group on LTC Insurance Work Group
 Chair, Sheila Sousa.

Status:

1. Legislation submitted to provide tax credit for
 long-term-care insurance (S221 by Sen. Hunter and H5531
 by Rep. Ginaitt) but it failed to pass.

2. Work Group organized under Chairwomanship of
 Sheila Sousa.

- **Action 3.9.**

Continue to advocate for federal reform to increase Medicare funding for long-term-care services and to mitigate effects of Balanced Budget Act of 1997.

Status: LTCCC continued to monitor proposed federal action to mitigate the effects of the BBA.

- **Action 3.10.**

Continue to advocate for financial assistance to pay for prescription medications through expansion of RIPAE program.

- Support Lt. Gov.'s legislative initiatives to expand RIPAE by:
 - Going to an "open" formulary"
 - Expanding eligibility to persons age 55 and over with disabilities
 - Creating a "catastrophic" benefit

Status:

1. Legislation submitted (S378 by Sen. Irons and 527 by Rep. Ginaitt; S379 by Sen. Cicilline and H5526 by Rep. Ginaitt and S380 by Sen. Roberts and Rep. Ginaitt) to accomplish above
2. The following laws were enacted to amend RIPAE to:
 - a. create catastrophic component (Public Law #138) , and
 - b. add drugs to treat osteoporosis (Public Law #137)

Area 4. Care Coordination

- **Action 4.1.**

Support efforts to create new models of LTC care coordination using best practices and using community-based agencies for care coordination and management.

- Collaborate efforts with Shared Vision "Living Right" Implementation Group

Status:

1. Through LIVING RITE Work Groups, standards for CARRE CENTERS I and II developed which will serve as enhanced Information/Referral and Access Centers and Care Management/Care Coordination Centers.

2. DHS implemented CARRE CONNECT, a chronic disease management program for targeted Medicaid recipients with high acute in-patient and ER utilization.

3. CARELINK, a private non-profit agency, exploring a PACE or PACE-type project for RI

- **Action 4.2.**

Strengthen Community-based Case Management Network by addition of professional nurses

Funding Needed - \$150,000 (state)

Status: DEA (using federal and state funds) provided case management agencies with \$50,000 grants to add a professional nursing capacity to their service

◦ **Action 4.3.**

Continue to work toward uniform assessment and case management process and placement protocols through LTCCC Work Group activity

- Work Group Chair, Barbara Rayner

Status:

1. DEA has implemented the MDS for Home Care assessment tool as its standard; DHS has agreed to adopt this assessment as its standard for elder/disabled community waiver program.

2. DEA is developing credentialing standards for case management agencies

3. LIVING RITE Work Group has developed standards for CARRE CENTER IIs that require use of uniform assessment certification.

Area 5. Long Term Care Information System

◦ **Action 5.1**

. Support development of long-term care information system which will serve as an interdepartmental data warehouse for state long-term care programs.

Funding Needed: To be determined

Status:

1. \$50,000 secured by DEA to enhance consumer education on long-term care by developing a consumer "Welcome Kit for long-term care as a collaborative project with RI Quality Partners

2. CARRE CENTER I Standards developed which recommends a statewide entity assumes this responsibility.

Area 6. Quality Measurement and Reporting

◦ **Action 6.1.**

Collaborate with DOH to implement 1998 Health Care Quality measurement and Reporting Law as it relates to long-term care facilities and services.

Status:

1. HEALTH organized Subcommittee on Nursing Home Quality Measurement chaired by Dr. David Gifford of RI Quality Partners. In December CMS announced RI as one of six states to participate in demonstration on quality reports for nursing homes to be published in April 2002. Committee recommended that the Quality Indicators used for federal demonstration be adopted for RI's first report.

Area 7. Workforce Issues

- **Action 7.1.**

Continue work of Study Group to make recommendations regarding long-term solutions to problems relating to recruitment and retention of Certified Nurse Assistants.

Status:

1. LTCCC Study Group issued "CRISIS IN CARE" report including ten-step set of recommendations with priority given to Increasing direct-care staff compensation through a direct-care staff "pass-through".

2. Article 13 of FY2002 Budget included \$10 million for special rate adjustment to be used for direct care staff compensation increase or to increase direct care staff for long-term care and human service providers. These adjustments were implemented on a go-forward basis by October 2001 and retroactive payments were also made.

3. DEA implements a paraprofessional health worker component (including nursing assistants and homemaker aides) component of its Title V Older Worker Employment Program.

Appendix I***Long Term Care Coordinating Council*****Highlights of Accomplishments*****1987 – 2000***

- 1987*
 - *P.L. 87-117 creates Long Term Care Coordinating Council*

- 1988
 - *Standards established for Long Term Care Insurance*
 - *Case Management system created*
 - *Nursing Home Receivership Law*
- 1989
 - *SSI special benefit for residents of Sheltered Care*
 - *Bed priority protection for nursing home residents admitted to hospitals*
- 1990
 - *Stronger standards for Sheltered Care Facilities*
 - *Consumer protections added to Long Term Care Insurance law*
 - *Facilitated formation of Rhode Island Association for Senior Housing Managers (RIASH)*
- 1991
 - *Criminal background checks for employees of Long Term Care Providers*
 - *Exploitation added to abuse in Health Care Facilities Act*
 - *Family Caregiver Training Program*
- 1992
 - *Broadened Residential Care/Assisted Living services*
 - *Instigated new nursing home bed need study by Health Department*
- 1993
 - *Completed draft of comprehensive State Long Term Care Plan*
 - *Successfully advocated to prevent closing of wards at Eleanor Slater Hospital*
 - *Alzheimer's Special Care Unit Disclosure Law*
- 1994
 - *Published Long Term Care 1995-2000*
 - *Task Force on Medications in Nursing Facilities*
 - *Mandated Continuing Education for Administrators of Nursing and Residential Care/Assisted Living Facilities*
- 1995
 - *Milbank Memorial Fund Collaboration Project Begins*
 - *State Long Term Care Ombudsman Statute*
 - *Task Force on Licensing of Home Care Providers*
- 1996
 - *New Umbrella Law for Licensing Home Care Providers*
 - *Advocated protection of federal Nursing Home Standards*
- 1997
 - *Promoted \$1.7 million increase in state budget for Long Term Care*
 - *Provider/Physician Disclosure laws*
 - *Facilitated "Choices Coalition" Long Term Care Planning Law*

- 1998
- Secured \$50,000 to develop home care ombudsman program
 - Enacted home care "bill of rights" law
 - Obtained \$300,000 to fund mental health services for at-risk older adults
 - Increased payments for SSI enhanced residential care/assisted living services
 - Requirement for certification of residential care/assisted living administrators
 - Creation of family caregiver resource network and \$150,000 new funds for caregiver support and respite
 - Added drugs for Alzheimer's Disease to RIPAE
 - Set new goals and values for state long term care
 - Designated DEA as central agency to coordinate community-based long-term care entry system
 - Increased funds for home care and meals on wheels
- 1999
- Increased payment rates for Home Care Providers
 - Increase Medicaid eligibility to 89% FPL
 - Increased Personal Needs Allowance for Nursing Home residents by \$10/month
 - Added drugs to treat depression to RIPAE
 - Required HEALTH be notified of pending labor action and approve facility response plan
 - Required ten percent of nursing home surveys be done in non-standard hours and bi-monthly inspection of facilities with sub-standard care
 - Strengthened rights of assisted living residents
 - Required HEALTH to submit annual report on long-term care regulatory activities
 - Secured additional funds for the following:
 - \$200,000 for home modifications for persons with disabilities
 - \$85,000 additional funds for ombudsman program
 - \$48,400 for Meals on Wheels
 - \$24,750 for respite care
- 2000
- Raised Medicaid income eligibility for the elderly and persons with disabilities to 100% of the federal poverty level
 - Created the RIPAE PLUS component of RIPAE to offer state co-payments for RIPAE eligible drugs to elders up to \$34,999 (single) and \$40,000 (married)
 - Added anti-infectives and drugs to treat arthritis to RIPAE
 - Secured \$85,000 to expand the elder care information specialists network
 - Secured \$85,000 to initiate a new Volunteer Guardian Program

- *Supported creation of DEA Center on Diversity*
- *Strengthened assisted living license law and changed name from "residential care and assisted living" facility to "assisted living" "residence"*

Appendix II

STATUTE ESTABLISHING THE LONG TERM CARE COORDINATING COUNCIL

CHAPTER 23-17.3

§ 23-17.3-1 Establishment – Purposes – Reports to Council. – (a) There is hereby established the long-term care coordinating council. The purpose of the council shall be to develop and coordinate state policy concerning all forms of long-term health care for the elderly and adults with chronic disabilities and illnesses, ranging from at-home and community based care and respite care through intensive nursing care to long-term hospital care. The council shall examine and make recommendations concerning any and all issues relating to long-term health care for the elderly and adults with chronic disabilities and illnesses, including, but not limited to: standards and quality performance; personnel issues to include training standards, recruitment, and staffing needs; enforcement of regulations; patient/client rights; eligibility and access issues; and the adequacy of funding and delivery of long-term care services.

(b) The council is empowered to appoint subcommittees to study specialized areas of concern and to report their findings to the council.

(c) The council is empowered to seek the advice and assistance of the American association of retired persons, Rhode Island chapter, members of state and local care organizations and associations.

(d) The council is empowered to apply for and receive grants, appropriations, or gifts from any federal, state, or local agency, from any public or private foundation, or from any individual in order to carry out the purposes of this chapter.

(e) All departments, boards, and agencies of the state shall cooperate with the council and furnish such advice and information, documentary and otherwise, as may be necessary or desirable to facilitate the purposes of this chapter.

(f) The department of health shall provide a written report to the long-term care coordinating council by March 30 of each year regarding its regulatory activities for the preceding calendar year in the area of long-term care. The annual regulatory report shall include information on long-term care survey activities, including complaints of abuse and/or neglect, as requested by the chairperson of the council. In addition, the department of health shall also notify the chairperson of the council whenever a licensed long-term care facility or provider is cited for providing substandard care.

§ 23-17.3-2 Membership. [Effective January 1, 2001.]. – The council shall be comprised of thirty-seven (37) members, as follows: the lieutenant governor or designee; the secretary of state or designee; the director of the department of health or designee; the director of the department of human services or designee; the director of the department of mental health, retardation, and hospitals or designee; the attorney general or designee; the director of the department of elderly affairs or designee; the chair of the

Rhode Island Advisory Commission on Aging or designee; the president of the Rhode Island Chapter of the American Association of Retired Persons (AARP) or his or her designee; the director of the alliance for long-term care or designee; the president of the Rhode Island senior center directors association or designee; the executive director of the Rhode Island chapter of the Alzheimer's association or designee; a representative of a long-term care provider organization other than a nursing home owner, and a representative of a residential care/assisted living care facility other than a nursing home, to be appointed by the governor; a representative of a not-for-profit nursing home to be appointed by the lieutenant governor; five (5) citizens of the state with no direct or indirect interest in nursing home

ownership who have demonstrated concern for the care of the elderly, two (2) of whom shall be appointed by the lieutenant governor, two (2) of whom shall be appointed by the speaker of the house of representatives, and one of whom shall be appointed by the majority leader of the senate; a representative of an adult day care center to be appointed by the speaker; a representative of senior housing to be appointed by the lieutenant governor; a representative of a not for profit home health care agency to be appointed by the speaker; a representative of a for profit home health care agency to be appointed by the speaker; and a representative of a community mental health center, to be appointed by the senate majority leader; a registered nurse experienced in the care of the elderly, to be appointed by the governor; a representative of non-managerial nursing home employees, to be appointed by the lieutenant governor; three (3) members of the house, not more than two (2) from the same political party, to be appointed by the speaker; a nursing home owner, to be appointed by the speaker; two (2) members of the senate, not more than one from the same political party to be appointed by the majority leader one consumer of home and community based care to be appointed by the speaker from a list of three (3) submitted by the chairperson of the independent living council; one consumer of home and community based care to be appointed by the senate majority leader from a list of three (3) submitted by the chairperson of the Governor's Council on Mental Health; a general physician to be appointed by the senate majority leader and a psychiatrist specializing in the medical problems of the elderly, to be appointed by the lieutenant governor. Members of the general public may be appointed in lieu of legislators, provided that at least one member shall be appointed from the house and one from the senate, and the appointments shall be made by the same authority as for the legislators supplanted. The members of the council shall serve two-year terms, expiring on the second anniversary of each individual's appointment or on the date that their respective successors are appointed and qualified, whichever is later.

§ 23-17.3-3 Organization – Officers. – Forthwith upon June 18, 1987, the members of the council shall meet at the call of the lieutenant governor and elect from among themselves a chair, a vice chair, and a secretary. The officers shall serve one-year terms and shall be eligible to succeed themselves.

§ 23-17.3-4 Public meetings. – The council shall meet at least four (4) times annually. All meetings of the council shall be open to the public, and the public shall be duly notified of the date, time, and location of each meeting.

§ 23-17.3-5 Reports and recommendations. – The council shall submit an annual report to the governor and the general assembly on or before January 15th of each year, setting forth the council's recommendations for the betterment of long-term health care for the elderly. In addition, the council shall make recommendations to the appropriate state agencies whenever it considers the recommendations to be necessary.

Appendix III

In October of 1994, the Long Term Care Coordinating Council issued **A Long Term Care Plan for Rhode Island 1995-2000: *Working Together to Make the Pieces Fit***. The Plan's principles and goals are list below.

Principles

1. To recognize that the need for long term care will continue to grow, and continue to be a major budget concern for the state.
2. To expand efforts that support the many Rhode Island families who shoulder the burden of providing care for a loved one.
3. To shape services to fit the consumers and their situations.
4. To redesign the way that long term care services are paid for, in such a way that promotes prevention, early screening, and care in the most appropriate and least costly ways.
5. To adopt a uniform set of questions to be used by a network of qualified and objective 'screeners/case managers" who will work with families to determine their needs and the best possible options for care.
6. To continually improve the quality of care provided, taking into account consumer satisfaction, and seeking high standards for state oversight.
7. And, in every way, to attempt to help people in need by clearing away unnecessary hurdles to receiving care in the most appropriate and timely fashion.

Goals

1. Life with maximal independence and dignity for all older Rhode Islanders who have limitations as a result of chronic conditions and for younger adults who have similar limitations and who utilize the same service system and supports.
2. A flexible, responsive and affordable state long term care service network.
3. A high quality long term care service system that can demonstrate cost effective results.